

ARTIFACTS: THEORY AND ILLUSTRATIVE EXAMPLES

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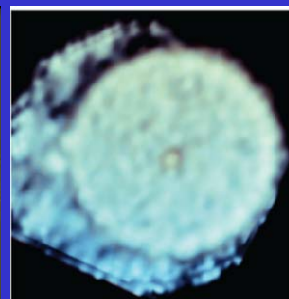
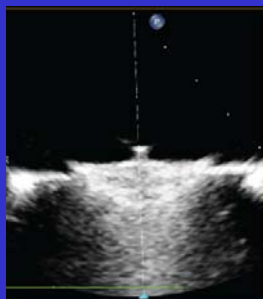
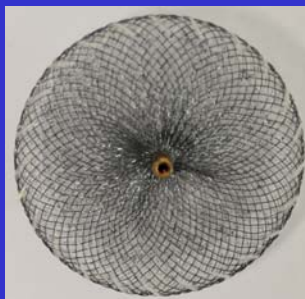
**60 year old man
Cardiac source of embolus?**

NAME THAT MASS!

NAME THAT MASS!



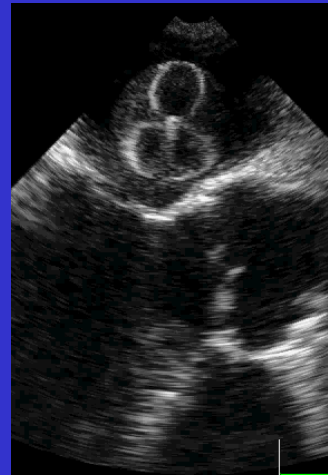
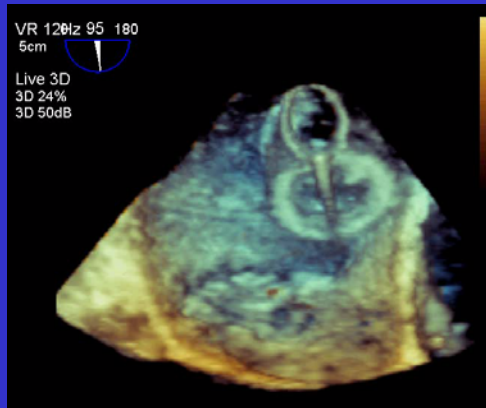
LA APPENDAGE CLOSURE DEVICES



AMPLATZER

3D ECHO FRONTAL VIEW

Apical TTE and TEE: What type of device?



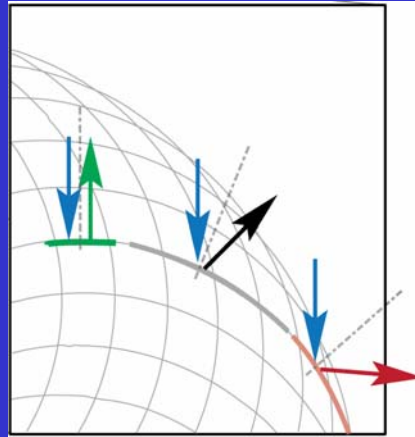
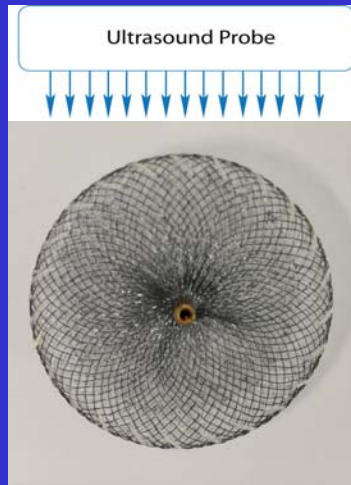
ECHOCARDIOGRAPHY IN LA APPENDAGE CLOSURE

Etiology and Relevance of the Figure-of-Eight Artifact on Echocardiography after Percutaneous Left Atrial Appendage Closure with the Amplatzer Cardiac Plug

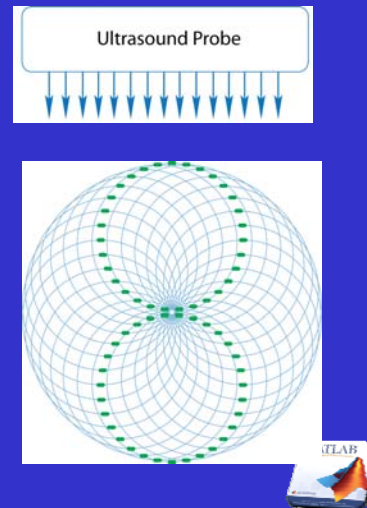
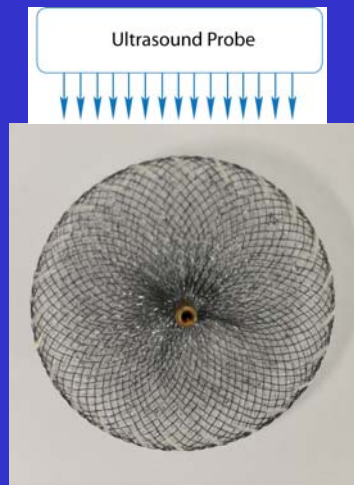
Philippe B. Bertrand, MD, MSc, Lars Grieten, MSc, PhD, Pieter De Meester, MD, Frederik H. Verbrugge, MD, Wilfried Mullens, MD, PhD, David Verhaert, MD, Maximiliano Rivero-Ayerza, MD, PhD, Werner Budts, MD, PhD, and Pieter M. Vandervoort, MD, *Ghent, Hasselt, and Leuven, Belgium*

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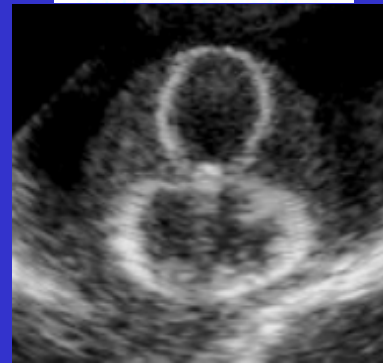
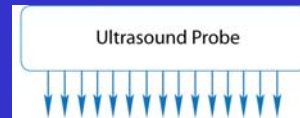
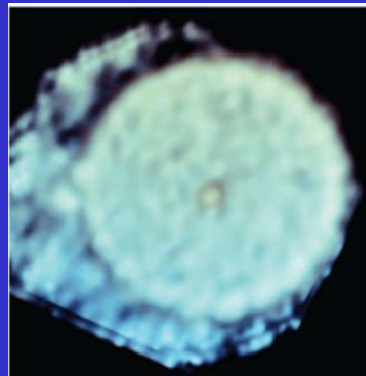
Physics principle: Angle of reflection = angle of incidence for a specular reflector



Result: Figure-of-8 artifact



Result: Figure-of-8 artifact versus true shape when beam views device en face



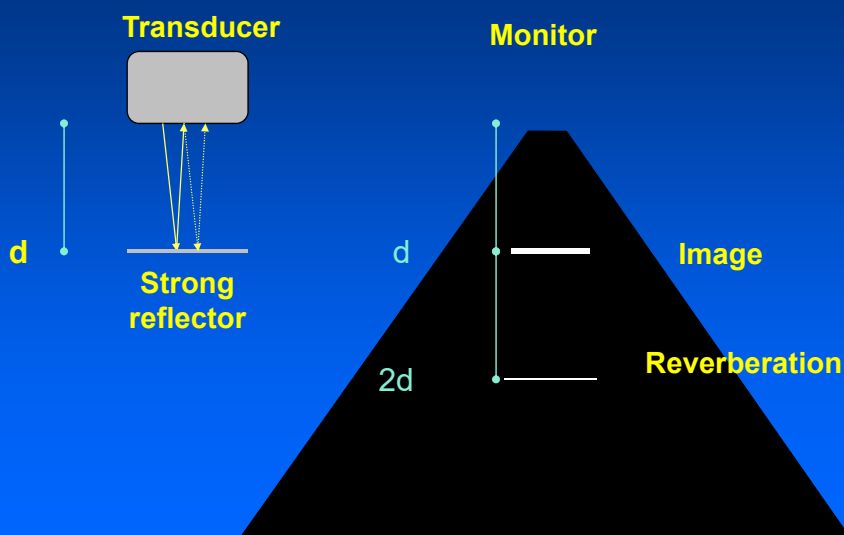
BASIC PRINCIPLES OF ARTIFACTS

- The machine ascribes all returning sound to the direction in which it is “looking” (sending out a beam).
- The distance to a reflector is determined from the time it takes for sound to return.

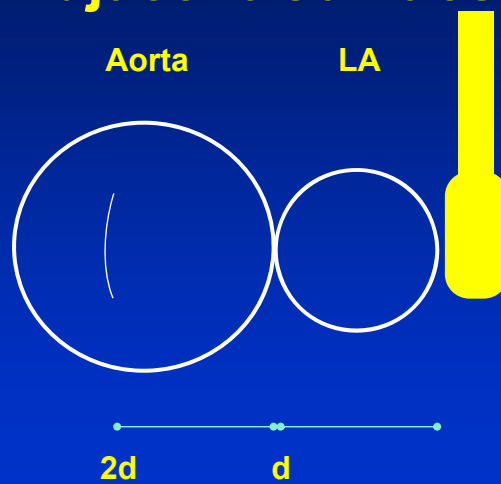
TYPES OF ARTIFACTS

- More distant than the object
 - Parallel motion: Reverberation
 - Opposite motion: Mirror image
- Same distance as the object
 - Beam width
 - Side lobe
 - Refraction (lens)

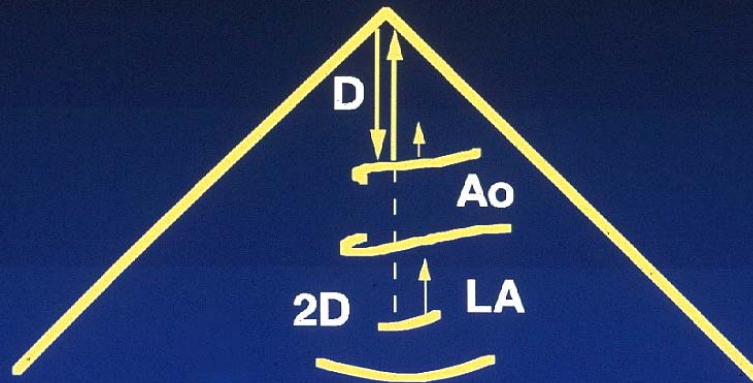
Reverberations



Reverberation Artifacts: Adjacent Cavities



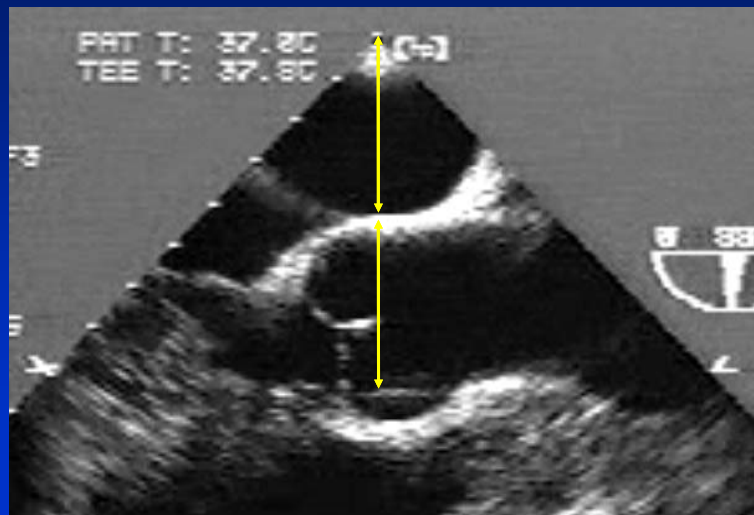
REVERBERATION



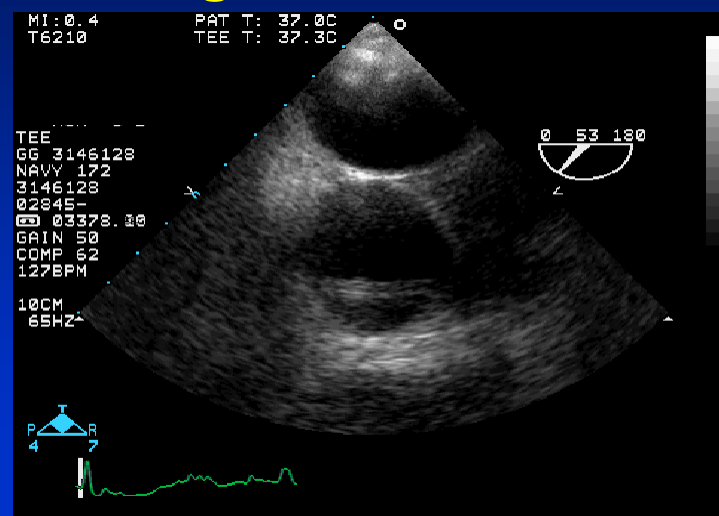
If an object is an artifact, color flow signals:

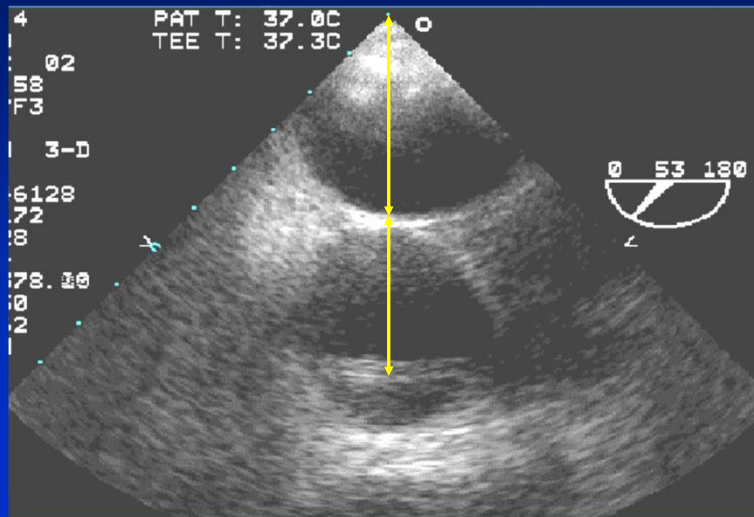
1. Can be seen to pass through it
2. Demonstrate flow reversal near the artifact
3. Do not become turbulent in its vicinity
4. Display patterns of flow that are altered by its presence

Reverberation Artifact: Ascending Aorta in Long Axis



Reverberation Artifact: Ascending Aorta in Short Axis





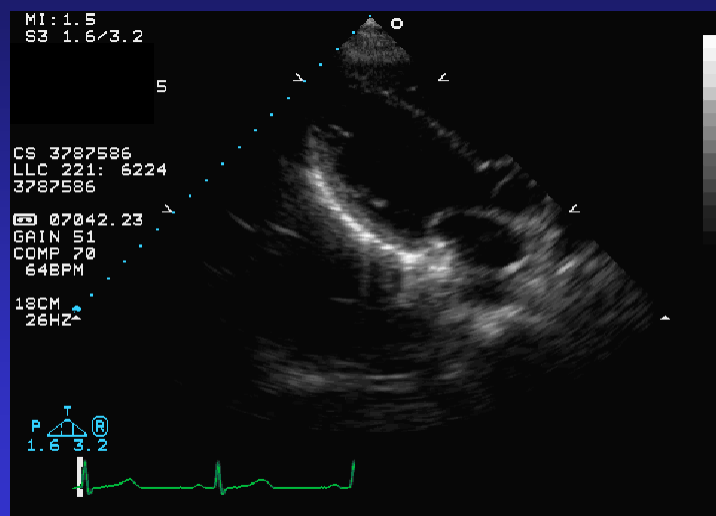
Take Home Lessons

- Beware of linear structures in the ascending aorta on TEE
- Always confirm the anatomy of linear structures in multiple views and with color flow
- Take your time in drawing a conclusion

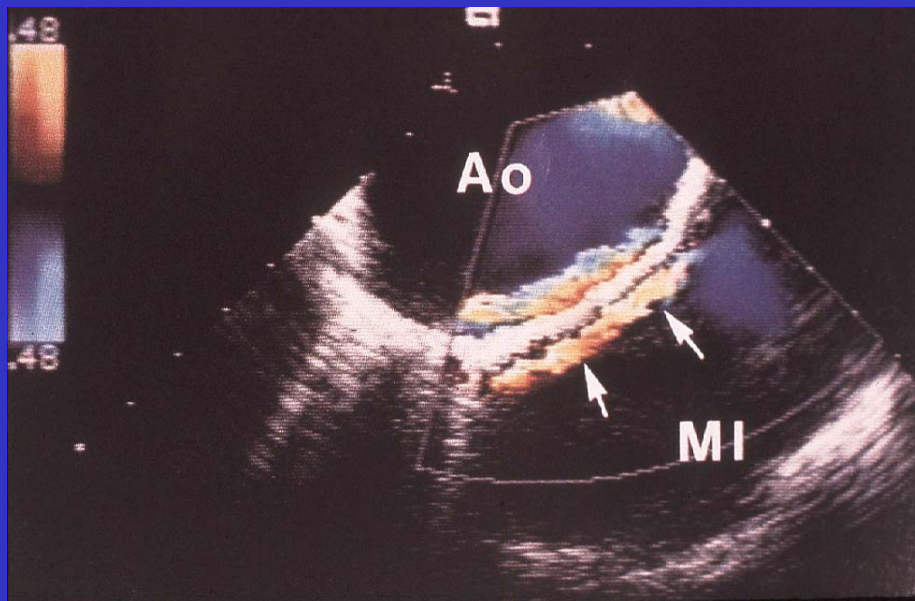
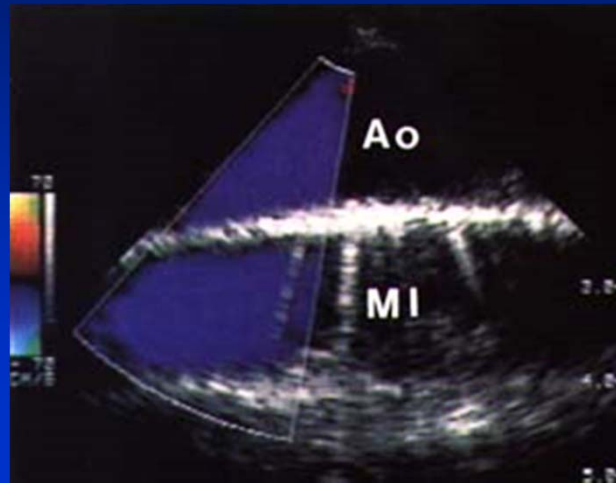
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What is behind the Heart?



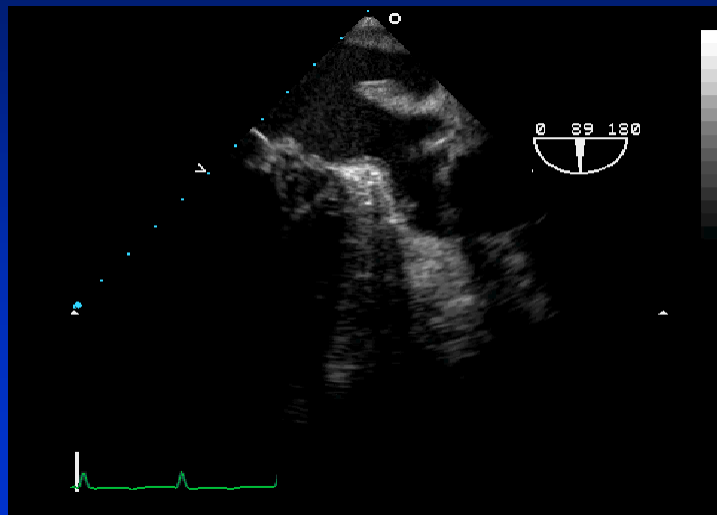
Mirror Image of Descending Thoracic Aorta



CASE

- 52 male with AFib for 1 month
- Sent for cardioversion (TEE)
- You must decide right now:
Shock or not?

The Challenge of the LA Appendage



**The patient awaits cardioversion.
How would you proceed?**

- 1. Begin heparin and cardiovert**
- 2. Cardiovert off heparin**
- 3. Begin Coumadin and re-echo
in 2 months**
- 4. Order MRI to rule out thrombus**

TAKE HOME LESSONS

- Beware of artifacts in the LA
appendage**
- Reverberations, side lobes, and
pectinate muscles – common**
- Practice looking at normals**

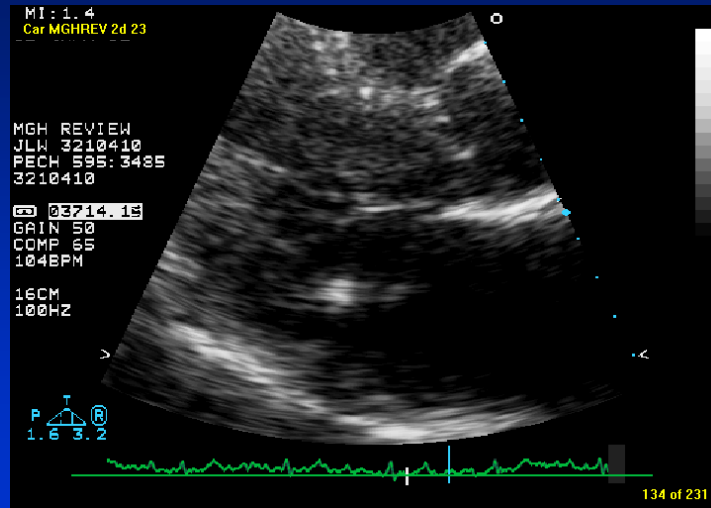
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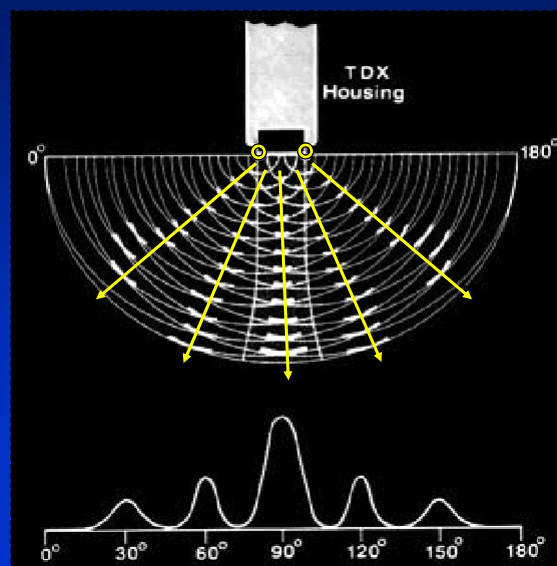
Case

- **51 year old female with fevers and one blood culture bottle positive for gram positive cocci in clusters**
- **TTE to rule out endocarditis**

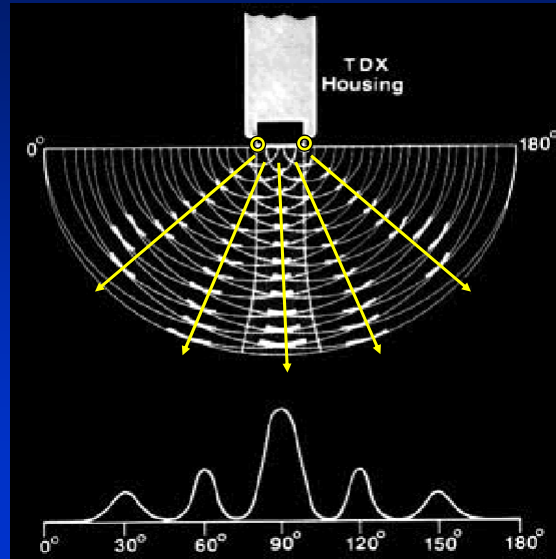
Case: Rule out SBE



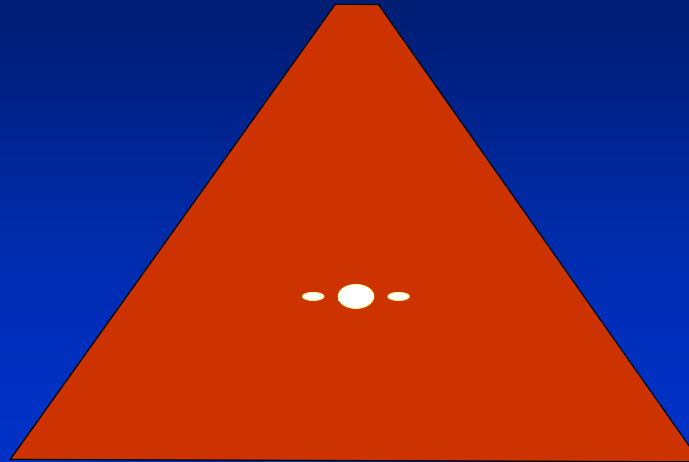
Side lobes: Laterally directed ultrasound energy arising from transducer edges



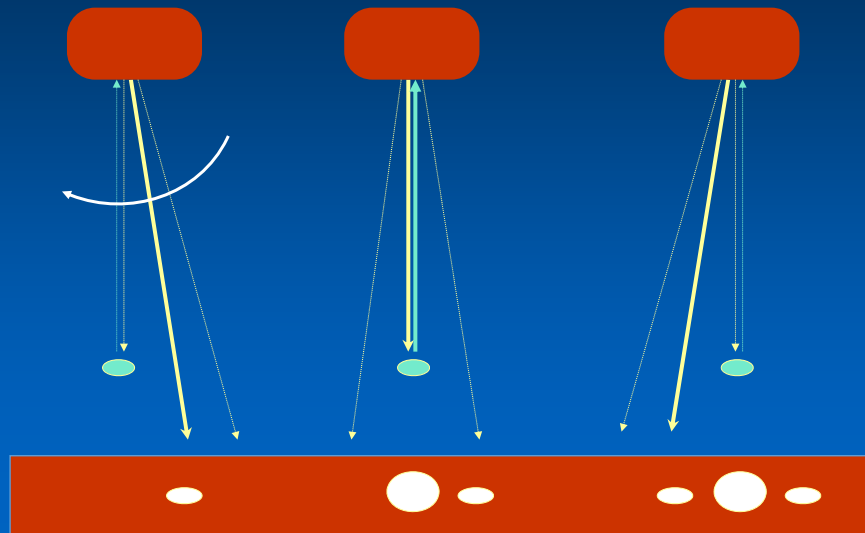
**Side lobe energy returning to transducer
is displayed as if originating centrally**



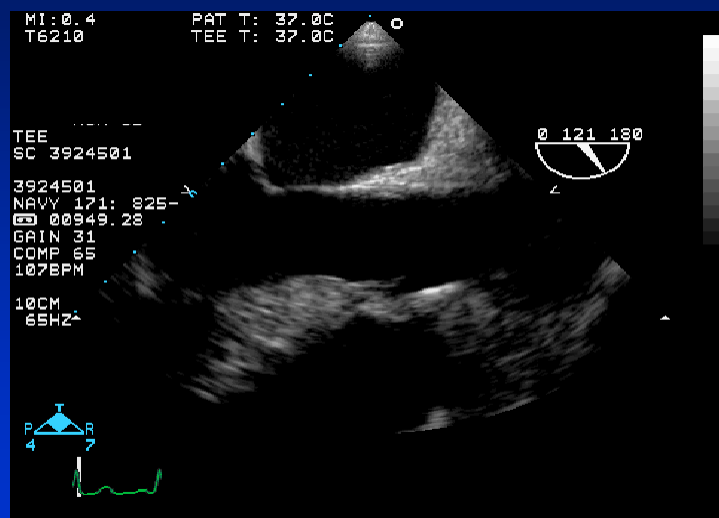
**Echo Map of True Object
and Side Lobe Artifacts**



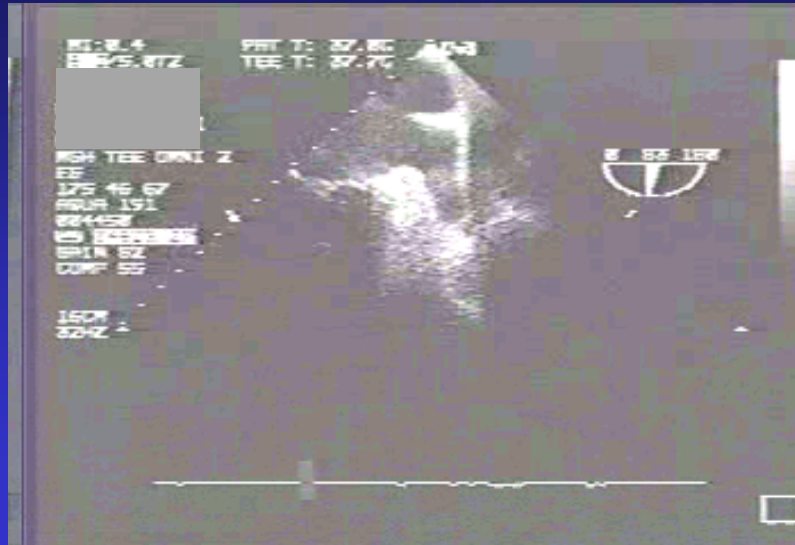
Generation of Side Lobe Artifacts



TEE: Aortic Dissection or Not?



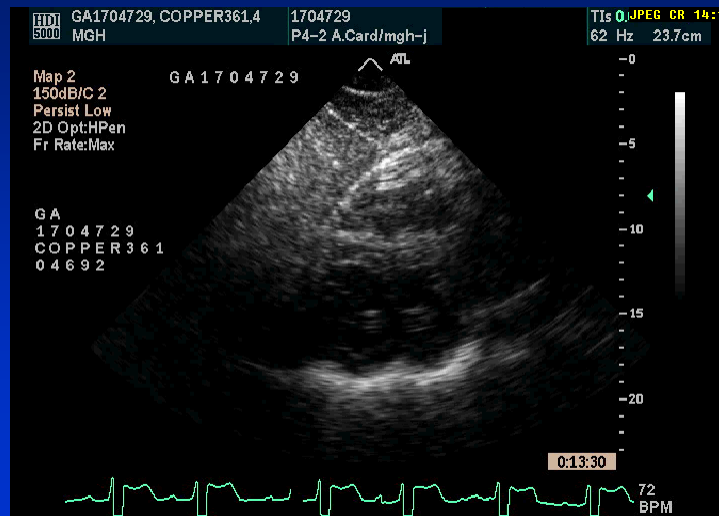
LA Appendage Thrombus?



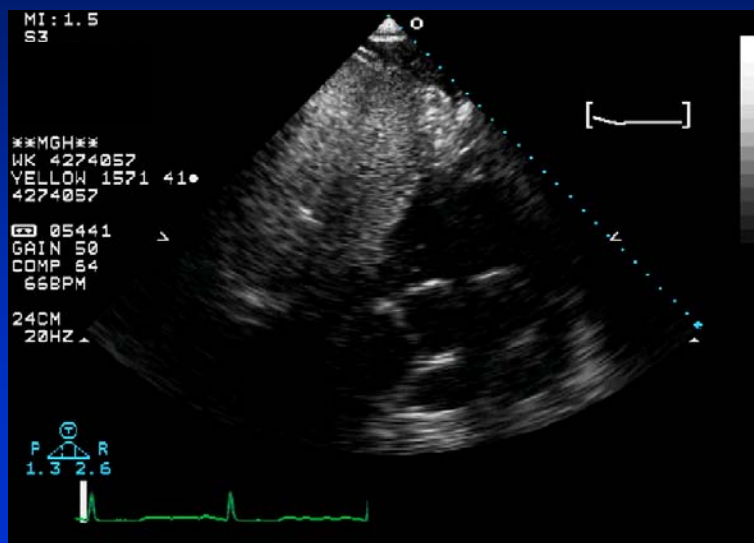
Case

- Another common finding on TTE that you may never have noticed

How Many Left Ventricles Does He Have?



How Many Aortas Does He Have?



TYPES OF ARTIFACTS

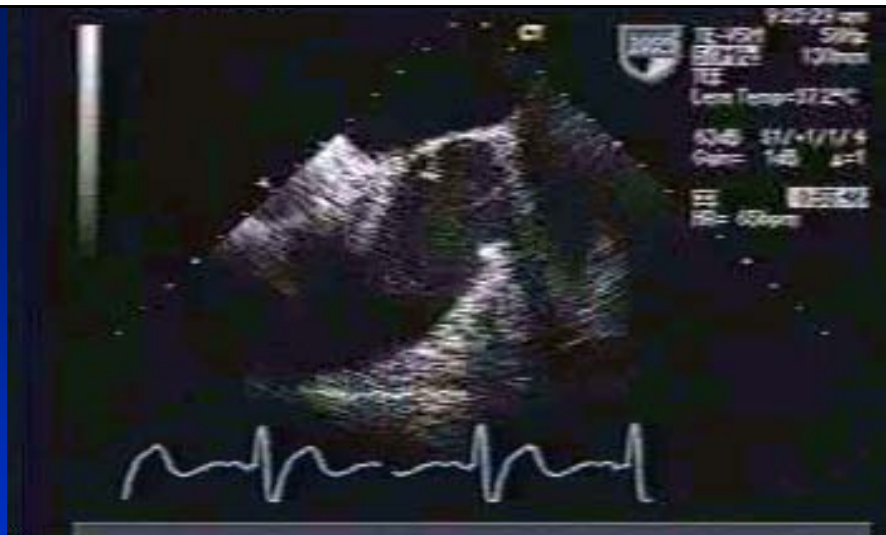
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 - **Refraction (lens)**

Case

- **75 M underwent TEE for question of dissection involving the ascending aorta**
- **Referred to the MGH Thoracic Aortic Center for elective aortic repair**

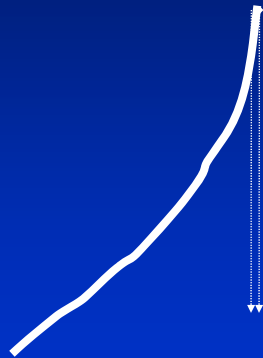
DISSECTION FLAPS

- Occur in a dilated aorta
- Have independent mobility (unless hematoma)
- Cannot pass through a wall
- Attached, not free-floating
- Act as flow dividers

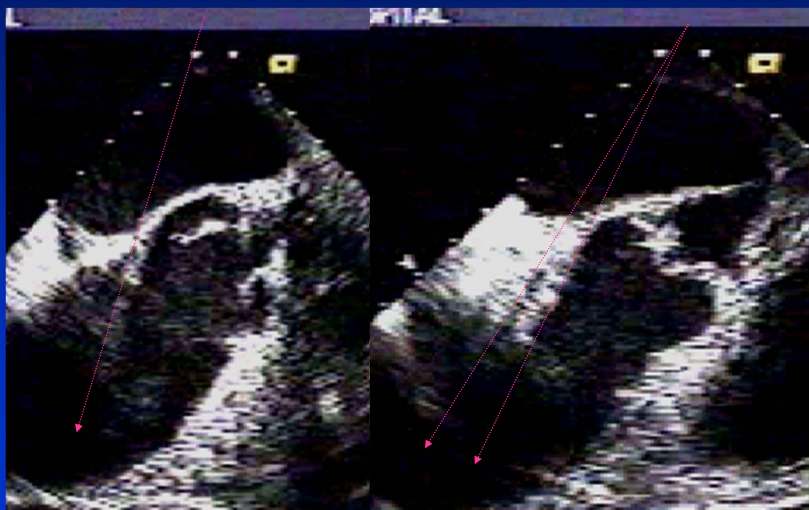


**Case: Referral for Surgery
for Aortic Dissection**

Reverberations Within an Object: Linear Structures Struck En Face by Beam



Linear Artifacts from Reverberations

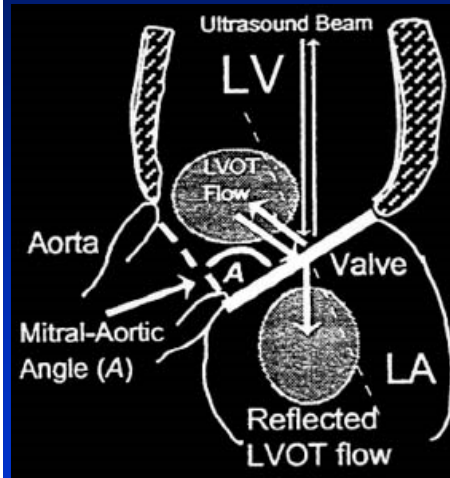


Case

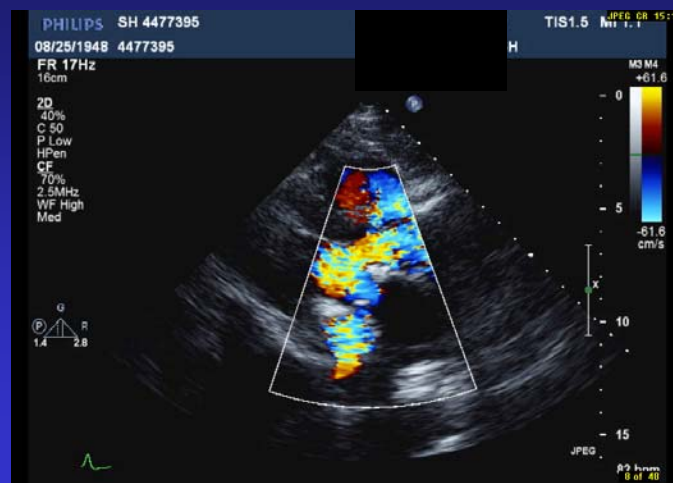
- **68 F S/P St. Jude MVR 8 years ago**
- **Also has known mild-moderate aortic stenosis**
- **Now presents with shortness of breath and a systolic murmur that radiates across precordium**
- **? Severe AS**
- **? Prosthetic MR**

Pseudo-MR: Principles

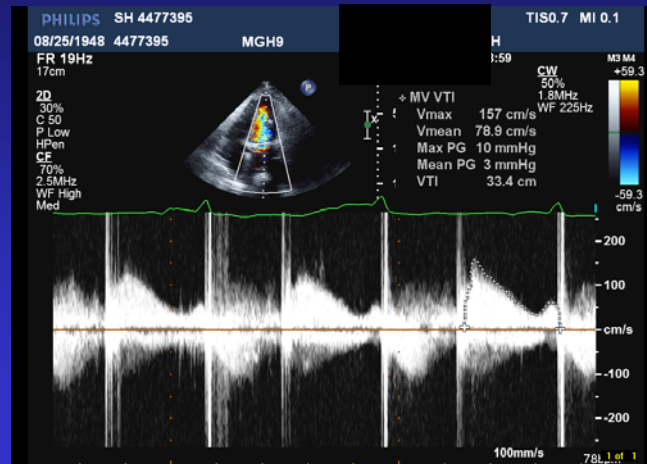
- The metallic prosthesis acts as an acoustic mirror
- The timing of the color in the left atrium matches that in the LVOT
- Proximal flow acceleration is absent
- Flow is separated from prosthesis



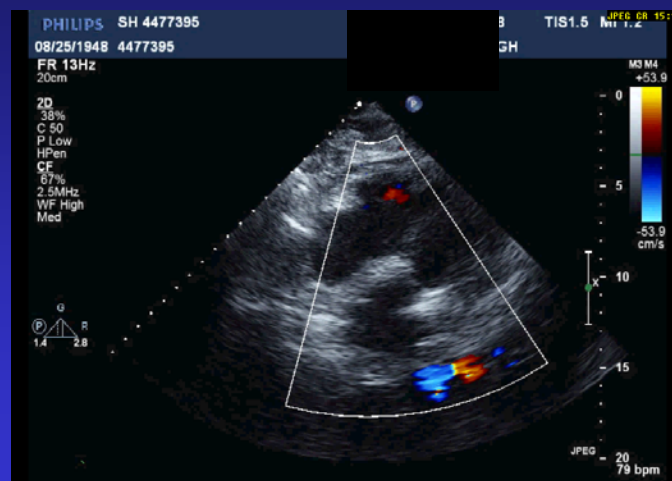
Test: Real MR or Pseudo-MR?



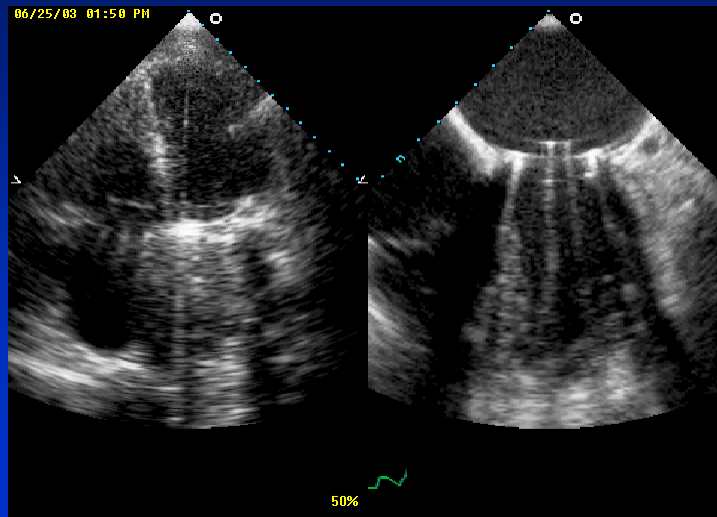
Test: Real MR or Pseudo-MR?



Test: Real MR or Pseudo-MR?



Additional Mechanical Prosthetic Valve Artifacts



PROBLEMS WITH INTERPRETATION

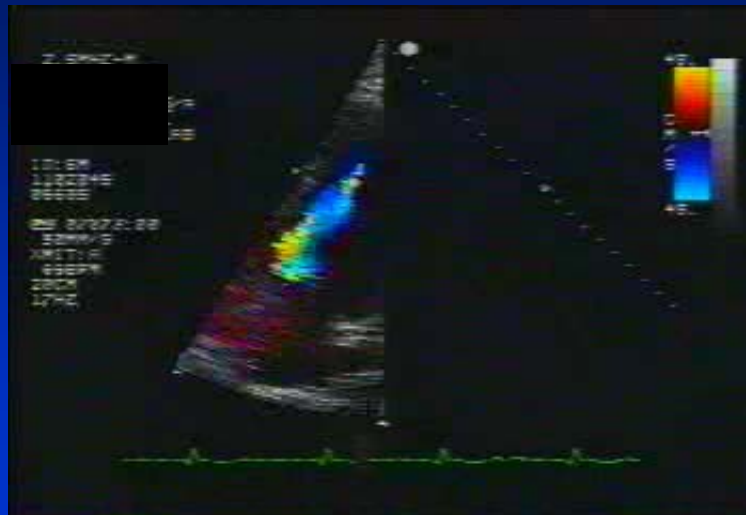
Case

- 48 M with shortness of breath and PVC's on monitor
- Abnormal EKG
- TTE to assess LV

Assess LV Function



Assess LV Function



Assess LV Function



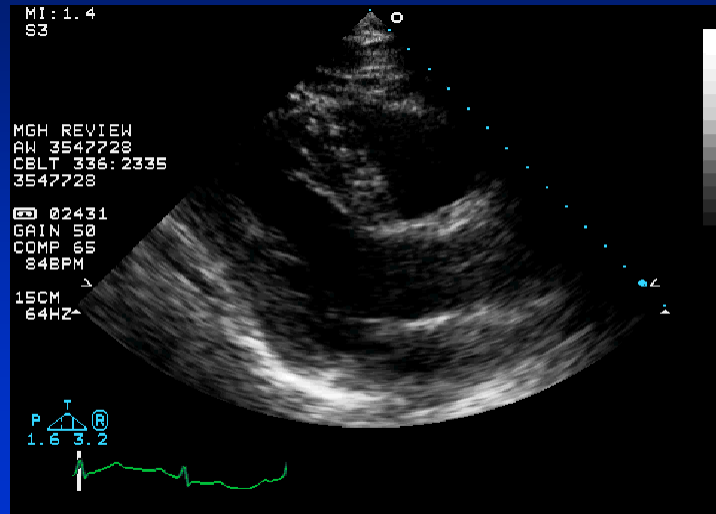
Take Home Lessons

- Don't be fooled by lack of epicardial motion, especially at the apex
- Use color as a contrast agent to define the endocardial borders
- If color is ineffective, use IV echo-contrast agent

Case

- 64 M with HTN presents with mild pulmonary edema
- CPK negative, troponin-T borderline
- Echo to assess LV function

Case: Name the Wall Motion Abnormality

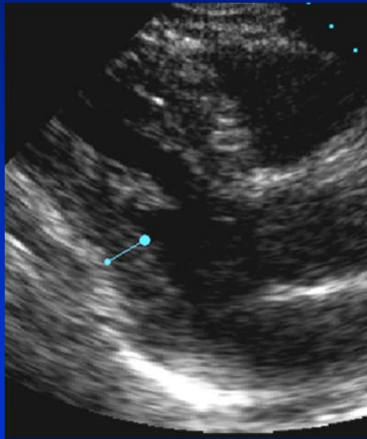


Test: Recognizing segmental LV dysfunction

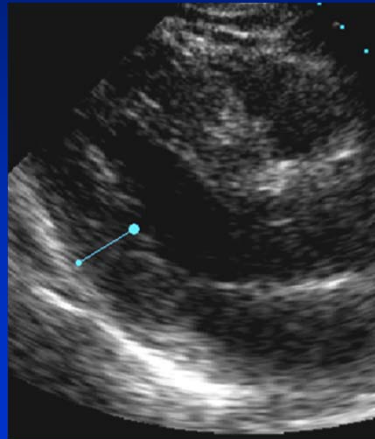
- A. Posterior dyskinesis
- B. Posterior dyssynergy
- C. Normal posterior wall motion
- D. Normal posterior wall contraction

Wall Motion vs. Wall Thickening

Diastole

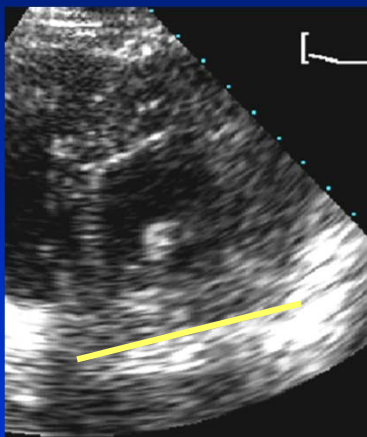


Systole

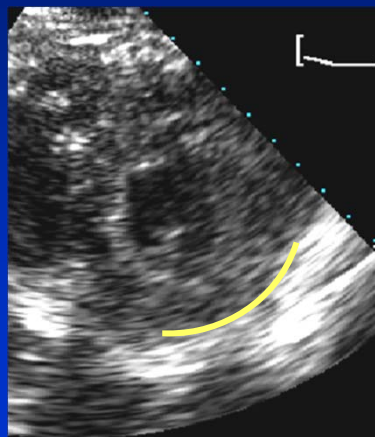


Abnormal Wall Motion despite Normal Thickening = "Pseudodyskinesis"

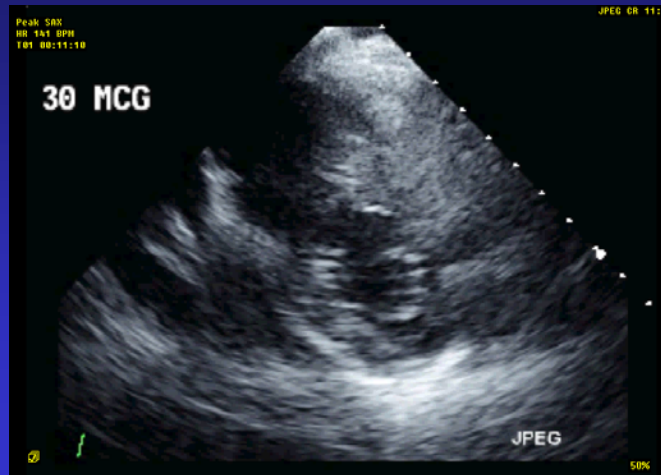
Diastole



Systole



Wall Motion Abnormality?



**Endocardial motion
does not equal LV
thickening**

Take Home Message

- Look closely at wall thickening; don't get distracted by the motion
- Abnormal thickening is what indicates myocardial dysfunction, not abnormal motion
- Be especially cautious assessing the basal inferior and posterior walls

Clues to the Presence of An Artifact

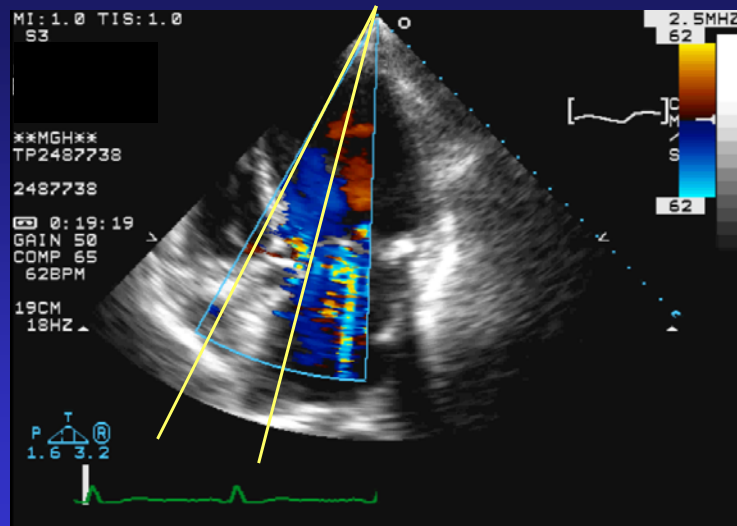
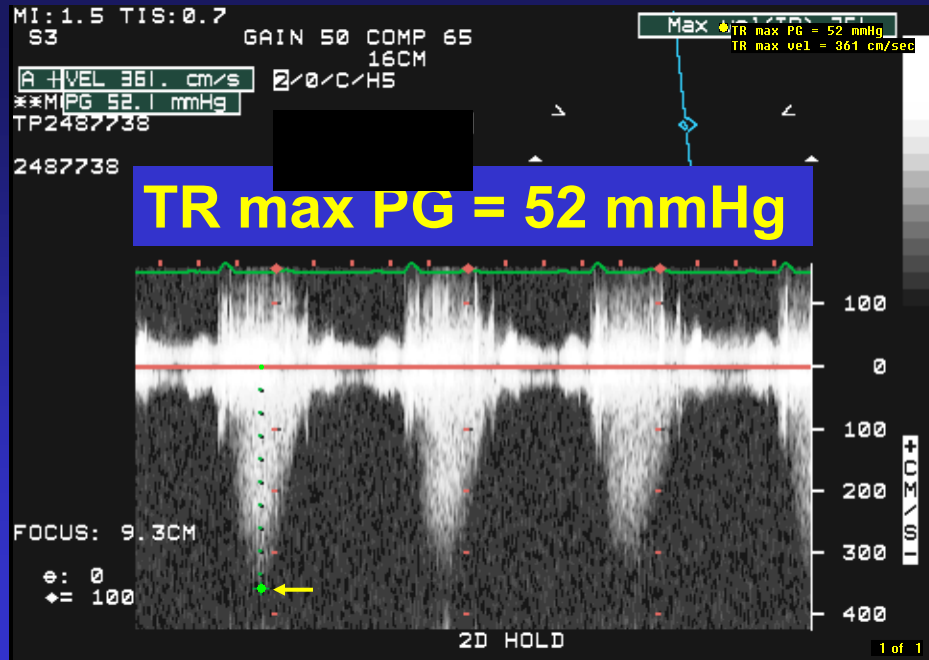
- Structures are often linear, lack well-demarcated borders
- Artifacts may appear to pass through other solid structures
- Motion identical to a real structure
 - Parallel or mirror image
- May not be reproduced in an orthogonal view
- Color flow not affected by it
- Does not have clear attachments

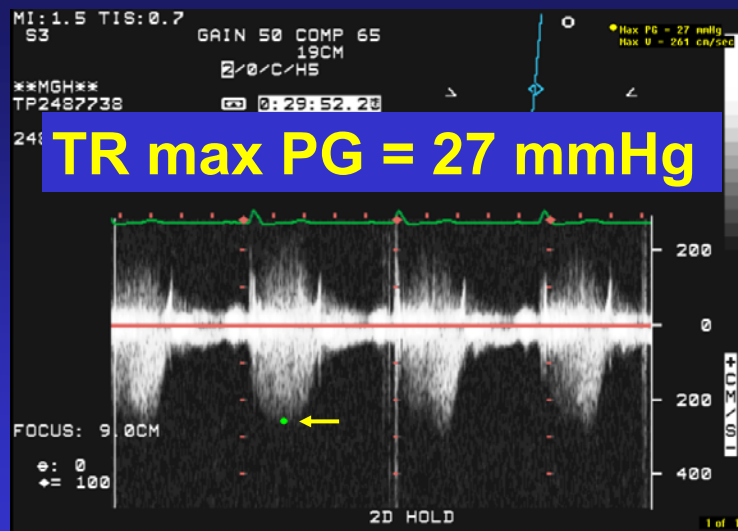
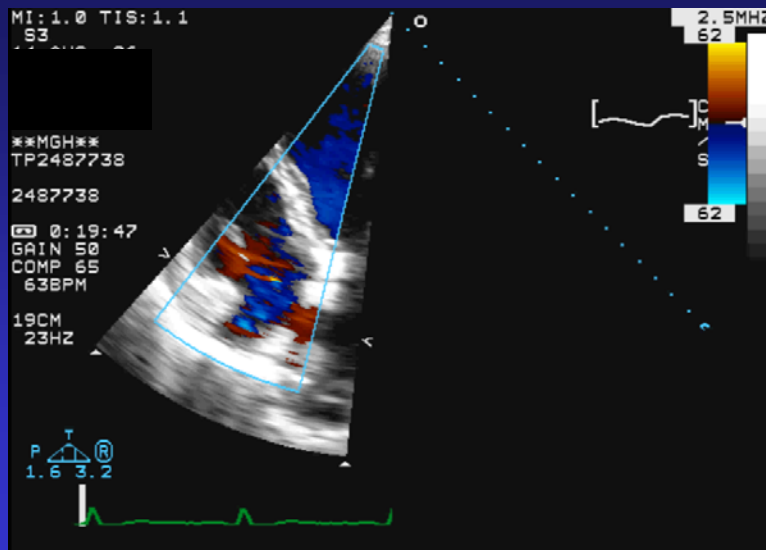
Clues to Real Structures

- Distinct edges (unless thrombus)
- Independent motion
- Seen consistently in multiple views
- Color flow affected by structures
- Attached to other structures
- Usually have logical anatomic relationships

Bonus Case

- 55 year old professor with MVP and MR referred for surgery for the indication of PHTN
- Request for second opinion





Take Home Message:

**Doppler detects flow within
the full width of the beam, in
and out of the plane.**